APRIL 29, 2008

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

RECEIVED

APR 15 2008 00

Paul Smith	MICHAEL W. DOBBINS CLERK, U.S. DISTRICT CO
(Enter above the full name of the plaintiff or plaintiffs in this action)	Case No: 08-C-1557
Cook County Sheriff Supt	(To be supplied by the Clerk of this Court)
Unknown officers Counseler Puckett	
(Enter above the full name of ALL defendants in this action. Do not use "et al.") CHECK ONE ONLY:	AMended Complaint
COMPLAINT UNDER TU.S. Code (state, county,	THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 or municipal defendants)
	THE CONSTITUTION ("BIVENS" ACTION), TITLE Code (federal defendants)
OTHER (cite statute, if k	nown)
REFORE FILLING OUT THIS COMP	LAINT, PLEASE REFER TO "INSTRUCTIONS FOR

FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY,

I.	Plaint	iff(s):	
	A.	Name: <u>Paul Smith</u>	
	В.	List all aliases:	
	C.	Prisoner identification number: 252357	
	D.	Place of present confinement: MENARD CORR ConteR	
	E.	Address: D.O. BOX 711 Menardil, 62259	
	numbe	re is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. er, place of confinement, and current address according to the above format on a te sheet of paper.)	
II.	Defendant(s): (In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)		
•	A.	Defendant: COOK COUNTY SheRIFF	
		Title: Shezift	
		Place of Employment: CC/DOO SheRiftS	
	B.	Defendant: Counseles Puckett	
	Title: Counseles		
		Place of Employment:	
	C.	Defendant:	
		Title:	
		Place of Employment:	
		have more than three defendants, then all additional defendants must be listed ling to the above format on a separate sheet of paper.)	

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

Name of case and dock	(∇)
	ling lawsuit:
List all plaintiffs (if yo	u had co-plaintiffs), including any aliases:
List all defendants:	
name the county):	suit was filed (if federal court, name the district; if state co
Name of judge to whor	m case was assigned:
Basic claim made:	<u> </u>
	e (for example: Was the case dismissed? Was it appeals
Approximate date of di	isposition:

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

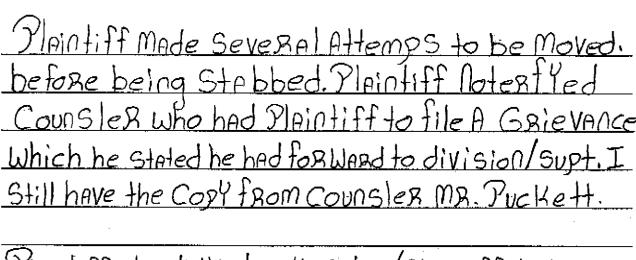
Plaintiff was trying to Mind his business once Placed in Div one After A Administration move from Div II, Waiting to be Placed on the Peer Pressure And Support group teir.

Plaintiff was Returning from day Room After Noticing No office in/At his Post. Plaintiff Looked down the CATWAY And did not See A officer to he Assure the Safty.

Someone grabbed/Attacked Me from the Side Without Warning. I was dizzy from the blow later on I was told it was a Srub brush from the Shower.

I WAS Puncured once Above MY left eye And Once Right below MY bottom lip. MAKing MY bottom two front teeth the Only thing Pre-Venting A tongue Or Throat blow.

The Seagent later Stated Someone floorymous had got in touch with Someone from the other Wing, officer Post. After I had been Stabbed twice. I was treated by medical Personal and giving Several Stitch And Ice Packs for the Swelling of my face And Ears: head. Blood Was Just Allover the Place my mom: Dad Shook there head with Amazment. Defendent Couldn't eat for a number of days only drink water do to Palo.



) Jaintiff Also talked with Dolice/Sheziff telling him what had happened And Plaintiff need to be Moved because the Ygot Knives on Wing And Might try to Stab Me. But Police Was not in day Room) ost. The Nature of obligation. If he was on Post. I would not have got Stabbed.

Plaintiff Aunt And GRANDMA CAlled to tRY And have Plaintiff Moved, day of Stabbing. Police Sheriff Never Allowed Me to Pick the offenders out of the line up Photo book AS PRIOMISED, I WAS SENT to P.C. And Never heard from Anyone

5

V.	Relief:
	State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.
<u> 5</u> -	Paintiff is Seeking Punitive damages and
SE	laintiff is Seeking Punitive damages and ain and Suffering for the Sum of 51.500.000
	5 millon Dollars and most of All Violation
OF	MY Civil Right or And depaination
	
VI.	The plaintiff demands that the case be tried by a jury. YES NO
	CERTIFICATION
	By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.
	Signed this <u>5</u> day of <u>4</u> , 20 <u>0</u>
	D
	(Signature of plaintiff or plaintiffs)
	$\frac{\mathcal{Y}_{AVI} \mathcal{D}_{M}}{\mathcal{P}_{rint name}}$
	252357
	(I.D. Number) D. C. Pox 7/1
	Menardil 62259

(Address)